



CERTIFICATION JOB AID AND SCHEDULE OF EVENTS

| | | | | | | | |
|--|------------------|------------------|------------------|----------------------------------|--|--------------------------------------|------------------|
| OFFICIAL NAME OF COMPANY | | | | LOCATION ADDRESS | | | |
| MAILING ADDRESS (if different from location) | | | | PRE-CERTIFICATION NUMBER: | | | |
| | | | | Propose Date | Date Received/ Accomplished | Date Returned for Changes | Reference |
| GCAA Reference | OPS Insp. | AIR Insp. | AVI Insp. | | | | |
| I. PRE-APPLICATION PHASE | | | | | | | |
| A. Initial Orientation: Inspector: _____ 1. Certification Advisory Pamphlet provided to applicant. 2. Prospective Operator's Pre-assessment Statement (POPS) a. Forwarded to DFSS | | | | | | | |
| B. Certification Team Designated (at least one operations, one maintenance, and one avionics inspector) | | | | | | | |
| | | | | Name | Speciality | | |
| PM | | | | _____ | _____ | | |
| | | | | _____ | _____ | | |
| | | | | _____ | _____ | | |
| | | | | _____ | _____ | | |
| | | | | _____ | _____ | | |
| | | | | _____ | _____ | | |
| C. Conduct Pre-application Meeting 1. Verify POPS Information 2. Overview of Certification Process 3. Provide Certification Package Containing: a. Certification Job Aid b. Schedule of events c. Specific Operating Provisions d. Other Applicable Publications and Documents 4. Explain Formal Application Submissions | | | | | | | |
| Remarks: | | | | | | | |



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| GCAA Reference | II. FORMAL APPLICATION PHASE | Propose Date | Date Received/ Accomplished | Date Returned for Changes | Reference |
|-----------------|--|--------------|--------------------------------|---------------------------|-----------|
| | A. Review Applicant's Submission | | | | |
| | 1. Formal Application Letter/Form | | | | |
| | a. Full and Official name (Legal) | | | | |
| | b. Mailing Address | | | | |
| | c. Primary Operating Location (Principal Operations/ Maintenance Base) | | | | |
| | d. Name and address of applicants agent for service | | | | |
| | e. Key Management Personnel Names | | | | |
| | 2. Formal Application Attachments | | | | |
| | a. Schedule of events | | | | |
| | b. Initial compliance statement | | | | |
| | c. Company general manuals | | | | |
| | i. Operations Manual. | | | | |
| | ii. Maintenance Control Manual | | | | |
| | iii Aircraft Maintenance Program | | | | |
| | d. Initial new hire training curricula (Crewmembers & Flt/Ops/Officers) Company Procedures Indoctrination Emergency Equip Drills Training Initial Flight and Ground Training | | | | |
| | e. Management and Key Staff qualifications/resumes | | | | |
| | f. Documents of purchase/ contract(s)/lease(s)/letters of intent | | | | |
| | | | | | |
| | B. Evaluation of CAA Resources Based on Schedule of Events | | | | |
| REMARKS: | | | | | |
| | C. Formal Application Meeting | | | | |
| | 1. Schedule of events | | | | |
| | Date:_____ Time:_____ | | | | |
| | 2. Discuss each Submission | | | | |
| | 3. Resolve Discrepancies/Open Items | | | | |
| | 4. Review Certification Process | | | | |
| | 5. Review Impact if Schedule of Events are not met | | | | |
| | D. Issue Letter Accepting/Rejecting Application | | | | |
| REMARKS: | | | | | |



CERTIFICATION JOB AID AND SCHEDULE OF EVENTS

| GCAA Reference | III. DOCUMENT EVALUATION PHASE | Propose Date | Date Received/ Accomplished | Date Returned for Changes | Reference |
|----------------|---|--------------|-----------------------------|---------------------------|-----------|
| REMARKS: | | | | | |
| | A. Evaluate Applicable Training Programs | | | | |
| | 1. Training Curricula | | | | |
| | a. Company Procedures Indoctrination | | | | |
| | b. Emergency Equipment Drills Training | | | | |
| | c. Ground Training (Handling/Service/De-icing) | | | | |
| | d. Flight Training | | | | |
| | e. Recurrent Training | | | | |
| | f. Transition/Upgrade Training | | | | |
| | g. Differences Training | | | | |
| | h. Security | | | | |
| | i. Dangerous Goods | | | | |
| | j. Check Airmen/Flight Instructor | | | | |
| | k. Crew Resource Management | | | | |
| | 2. Flt/Ops/Officer Training | | | | |
| REMARKS: | | | | | |
| | B. Evaluate Management Qualifications | | | | |
| | 1. Accountable Manager | | | | |
| | 2. Director of Operations | | | | |
| | 3. Individual Responsible for Maintenance | | | | |
| | 4. Quality Manager/s | | | | |
| | a. Quality Manager for Operations (if applicable) | | | | |
| | b. Quality Manager for Maintenance (if applicable) | | | | |
| | 5. Chief Pilot | | | | |
| | 6. Director of Safety | | | | |
| | 8. Request for Deviation Letter (If Applicable) | | | | |
| | 9. Other | | | | |
| REMARKS: | | | | | |



CERTIFICATION JOB AID AND SCHEDULE OF EVENTS

| GCAA Reference | III. DOCUMENT EVALUATION PHASE (CONTINUED) | Propose Date | Date Received/ Accomplished | Date Returned for Changes | Reference |
|----------------|--|--------------|-----------------------------|---------------------------|-----------|
| | C. Evaluate Operator's Manual System | | | | |
| | 1. Completed Operations Manual | | | | |
| | a. Emergency exit plan | | | | |
| | b. Carry-on Baggage plan | | | | |
| | 2. Completed Maintenance Control Manual | | | | |
| | 3. CAA Approved Aeroplane Flight Manual | | | | |
| | 4. Aircraft Checklists | | | | |
| | a. Normal | | | | |
| | b. Abnormal | | | | |
| | c. Emergency | | | | |
| | 5. Cabin Attendant Manual | | | | |
| | 6. Flight Supervision and Monitoring/Flight Following | | | | |
| | 7. Station/Facility Operations | | | | |
| | 8. Company Emergency Manual | | | | |
| | 9. Aerodrome Data & En Route Manual (Charts and Plates) | | | | |
| | 10. Aerodrome/Runway Analysis (Performance) | | | | |
| | 11. Minimum Equipment List | | | | |
| | a. (MEL Management Program) | | | | |
| | 12. Configuration Deviation List | | | | |
| | 13. Maintenance Technical Manuals: | | | | |
| | 14. Fuelling/Refuelling/Defuelling | | | | |
| | 15. Ground Servicing Manual | | | | |
| | 16. Mass and Balance Control Program | | | | |
| | 17. Dangerous Goods | | | | |
| | 18. Security | | | | |
| | 19. Reliability Program | | | | |
| | 20. Completed Continuous Airworthiness Maintenance Program | | | | |
| | 21. Emergency Plan/Notification | | | | |
| | 22. Passenger Briefing Cards | | | | |

Remarks:



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| GCAA Reference | III. DOCUMENT EVALUATION PHASE (CONTINUED) | Propose Date | Date Received/ Accomplished | Date Returned for Changes | Reference |
|----------------|---|--------------|-----------------------------|---------------------------|-----------|
| | D. Other Evaluations | | | | |
| | 1. Aircraft Lease | | | | |
| | 2. Maintenance Contracts/Agreements | | | | |
| | 3. Servicing Contracts/Agreements | | | | |
| | 4. Exemption/Deviation Requests/Justification | | | | |
| | 5. Plan for Emergency Evacuation Demonstration | | | | |
| | 6. Plan for Demonstration Flight | | | | |
| | 8. Final Compliance Statement | | | | |
| | 9. Initiate Specific Operating Provisions preparation | | | | |
| | 10. Training Contracts | | | | |
| | 11. De-icing/Anti Icing | | | | |
| | 12. Exit Row Seating | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Remarks:



CERTIFICATION JOB AID AND SCHEDULE OF EVENTS

| GCAA Reference | IV. DEMONSTRATION & INSPECTION PHASE | Propose Date | Date Received/ Accomplished | Date Returned for Changes | Reference |
|----------------|---|--------------|-----------------------------|---------------------------|-----------|
| | A. Evaluate Operator Conducting Training | | | | |
| | 1. Training Facilities | | | | |
| | 2. Training Schedules: | | | | |
| | 3. Flight Crewmember Training Evaluation | | | | |
| | a. Company Procedures Indoctrination | | | | |
| | b. Emergency Equip. Drills Training | | | | |
| | c. Ground Training | | | | |
| | d. Flight Training | | | | |
| | e. Differences Training | | | | |
| | 4. Check Airmen/Instructor | | | | |
| | 5. Cabin Crew | | | | |
| | a. Company Procedures Indoctrination | | | | |
| | b. Emergency Equip. Drills Training | | | | |
| | c. Ground Training | | | | |
| | 6. Crew Resource Management | | | | |
| | 7. Flight Supervision and Monitoring/Flight Following | | | | |
| | 8. Dangerous Goods Training | | | | |
| | a. Crewmembers | | | | |
| | b. Ground personnel | | | | |
| | 9. Security Training | | | | |
| | 10. Maintenance Training | | | | |
| | a. Individual Responsible for Maintenance | | | | |
| | b. Quality Manager | | | | |
| | c. Quality system Personnel | | | | |
| | | | | | |
| | | | | | |

Remarks:



CERTIFICATION JOB AID AND SCHEDULE OF EVENTS

| GCAA Reference | IV. DEMONSTRATION & INSPECTION PHASE (CONTINUED) | Propose Date | Date Received/ Accomplished | Date Returned for Changes | Reference |
|----------------|---|--------------|-----------------------------|---------------------------|-----------|
| | B. Testing/Certification | | | | |
| | 1. Pilots | | | | |
| | 2. Flight Engineers | | | | |
| | 3. Flt/Ops/Officers | | | | |
| | 4. Cabin Attendants | | | | |
| | C. Aircraft Conformity Inspection | | | | |
| | D. Main Operations Base | | | | |
| | E. Main Maintenance Base | | | | |
| | F. Station/Facilities (Operations) | | | | |
| | G. Station/Facilities (Maintenance) | | | | |
| | H. Flight Supervision and Monitoring/Flight Following | | | | |
| | I. Recordkeeping Locations | | | | |
| | 1. Crewmember | | | | |
| | a. Training | | | | |
| | b. Flight & rest Times | | | | |
| | c. Qualification | | | | |
| | 2. Maintenance | | | | |
| | a. Aircraft Records | | | | |
| | b. Maintenance Personnel Training | | | | |
| | i Individual Responsible for Maintenance | | | | |
| | ii Quality Manager and staff | | | | |
| | iii Contract Employees | | | | |
| | J. Flight/Trip Records | | | | |
| | K. Emergency Evacuation Demonstration | | | | |
| | L. Ditching Demonstration | | | | |
| | M. Demonstration Flight Evaluation | | | | |
| | N. Proof of [State] Economic Authority | | | | |
| | | | | | |
| | | | | | |

Remarks:



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| GCAA Reference | V. CERTIFICATION PHASE | Propose Date | Date Received/ Accomplished | Date Returned for Changes | Reference |
|----------------|--|--------------|-----------------------------|---------------------------|-----------|
| | A. Approve Specific Operating Provisions | | | | |
| | B. Present Certificate & Specific Operating Provisions | | | | |
| Remarks: | | | | | |
| | C. Prepare Certification Report | | | | |
| | 1. Assemble Report | | | | |
| | a. Formal Application Letter | | | | |
| | b. Final Compliance Statement | | | | |
| | c. Copy of Specific Operating Provisions | | | | |
| | d. Copy of Certificate | | | | |
| | e. Summary of Difficulties | | | | |
| | 2. Distribute Report | | | | |
| Remarks: | | | | | |
| | D. Develop Post Certification Surveillance Program | | | | |
| | 1. Within Geographic Area | | | | |
| | 2. Outside Geographic Area | | | | |
| Remarks: | | | | | |